



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

Guidelines for Complaint Submission

Self Report: ☐ Employer Report: ☐ Public Report: ☐ Therapist Report: ☐

1. The act/incident/behavior occurred on the following:

Date: _____

Timeline of events (For example: at this time this happened):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specific location in the health care institution: _____

2. The following documentation is attached (i.e., Personnel Action Forms; pertinent policies/ procedures/guidelines/protocols; and copies of Investigatory Notes, etc.)

A. For patient care issues, documentation should include: patient records, respiratory charting, nursing notes, and any statements from patient or patient family members.



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

- B. For drug diversion/impairment/abuse issues, documentation should include: drug screen(s), details of the type of drug screen administered (pre-employment, random, for-cause), Chain of Custody and detailed statements from eye witnesses.
- C. For court/criminal issues, documentation should include: a copy of the Police Report, court documents detailing all charges and, when court matters are concluded, documents detailing the final outcome of the case.
- D. For individuals who practiced respiratory care without a valid license, documentation should include: payroll records, work schedules, a sworn Affidavit from the individual, and a statement from the Supervisor.

3. Information regarding eyewitnesses. **Have each witness write a detailed, written statement about the act/incident/ behavior and attach the statement to this form.**

A. Name of first witness: _____

Job or position/title of first witness: _____

Contact information for first witness: _____

At what time the first witness typically works, i.e., shift assignment:



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

B. Name of second witness: _____

Job or position/title of second witness: _____

Contact information for second witness: _____

At what time the second witness typically works, i.e., shift assignment:

C. Additional witnesses and information regarding those witnesses:

4. Is this the first and only time this act/incident/behavior occurred? Or have there been others?

A. If there have been similar or related incidents, please describe **and attach documentation of any disciplinary action taken.**



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

5. Has the individual had a history of absenteeism or been late to work?

- A. If yes, please describe **and attach documentation of any disciplinary action taken.**

6. Any additional, pertinent information. For drug diversion/impairment/abuse issues, this should include descriptions of the specific behaviors exhibited by the individual:
